

Exhibit S
Medical File
Inmate Request Slips regarding Plaintiff's fingers

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date _____

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE GRIFFEN
I NEED SOME PAIN MEDICATION FOR
MY HERNIA, AND ALSO FOR MY
FINGERS BECAUSE THEY ARE BOTH
SWELLING, PRETTY BAD.

THANKS FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

5/18/06 Sent

Nurse Griffen

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZDate 05/24/06 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem OtherBriefly Outline Your Request. Give To Jailer NURSE STEWART

My FINGERS ARE MESSED UP, AND THESE SPLINTS ARE NOT HELPING. THEY ARE THROBBING AND THEY HURT PRETTY BAD. SOMETHING NEEDS TO BE DONE TO FIX IT.

THANKS FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

5/25/06 Splint re- do
Buddy Tapes Done in Metro
gwin Egypt. Mac.

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZDate 05/26/06 Telephone Call Doctor Dentist Time Sheet Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART OR GRIFFIN
I NEED SOME MEDICATION FOR PAIN
BECAUSE OF MY FINGERS AND MY
HERNIA.

THANKS FOR YOUR TIME IN THIS MATTER

Do Not Write Below This Line - For Reply Only

5/27/06 Motrin given 0800 pri call
KLW/JFH

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

 Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date 05-27-06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART OR GRIFFIN
I HAVE TWO BROKEN FINGERS WRAPPED IN
POPSICLE STICKS, AND MY FINGERS ARE
THROBBING, I NEED SOME MOTRIN UNTIL YOU
GIVE MY FOLLOW UP WITH THE DOCTOR.
THANKS FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

5/28/06 Motrin Sent
Nurse Griffin

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date 05/30/06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED SOME MEDICATION FOR MY
FINGERS AND I NEED FOR MY SPUR
TO BE CHANGED.

THANKS FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

05/30/06 11 Motte Inn
Re. 3 blis fingers

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Linn County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date 06-1-06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART

I NEED PAIN MEDICATION FOR A COUPLE OF DAYS FOR MY HERNIA AND FINGER; BECAUSE THEY HURT REAL BAD.
THANKS FOR YOUR TIME IN THIS MATTER

Do Not Write Below This Line - For Reply Only

6/2/06 sickbed - A'd dressing/splints
#3 ② hand/fingers - washed area.
Motrin given for pain.
Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP LOCATIONName Antonio Martinez Date 6/02/06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

Nurse
GRASS

I Need some medication
for pain Because of my
FINGERS AND my Hernia

THANKS for your time in
this matters

Do Not Write Below This Line - For Reply Only

6/4/06 to TLR sent. address
Your request to Medical
or Nurse but if you put
a particular name it's
personal

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIPF-1
LOCATIONName ANTONIO MARTINEZ Date 5/6/06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

NURSE STEWART OR GRIFFIN
I NEED SOME MEDICATION FOR MY
FINGERS, AND I NEED FOR MY
SPUT TO BE CHANGED

THANK FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

6/5/06 Motrin 400mg given po for pain
now & Sput's Ad.

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 06-07-06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED my popsicle sticks CHANGED,
my FINGERS AREN'T BETTER AND I
DONT KNOW why I havent BEEN
TO SEE A BONE SPECIALIST, ITS BEEN
OVER A MONTH SINCE THIS happened
MY FINGERS HURT BAD. I NEED A
copy OF THIS. THANKS FOR YOUR TIME
IN THIS MATTER. I NEED PAIN MEDICATION

Do Not Write Below This Line - For Reply Only

6/7/06 addressed at Ortho Clinic
today. Dr. Holliger.
Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
 Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

PA

LOCATIONName ADONIO MARTINEZ Date 06-08-06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To JailerNURSE GRIFFIN

I need some medication
for pain because of my
fingers and my wrist
I need some motrin

Do Not Write Below This Line - For Reply Only

6/8/06 to Motrin SustTrue Stevens

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

F-1

LOCATIONName Antonio M. Cline Date 6-9-06

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

I need some medication for my colds

Do Not Write Below This Line - For Reply Only

*6/09/06**11 motrin gwi**Grease Slings*

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

Lee County Detention Center
INMATE REQUEST SLIP

LOCATION

Name Antonio Martinez Date _____

Telephone Call Doctor Dentist Time Sheet
 Special Visit Personal Problem Other

Briefly Outline Your Request. Give To Jailer

Neuro - My 7100. for
PAINT - HAND

Do Not Write Below This Line - For Reply Only

6/10/06 MOTRIN given
CPEZA Nurse Gaffka

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

Lieutenant Chief Deputy Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)